

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED DNA SUBJECT INFORMATION	1. DATE OF INCIDENT 19-AUG-2017	TIME 20:47:00	2. ADDRESS OF OCCURRENCE CHICAGO, IL	3 LOCATION CODE 269	4 BEAT/OCCUR 0824	5 VIDEO RECORDED INCIDENT 01 BWC <input type="checkbox"/> 02 IN-CAR CAMERA 03 OTHER REPT VIDEO								
	6. POSITION 9161 CABRALES	7 LAST NAME JUAN M	8 FIRST NAME JUAN M	9 STAR NO. 19023	10. SEX X 01 M	11. RACE CODE 12. AGE 02 F S	13. HT. 1981	14. WT. 508	164					
	15. DATE OF APPT. 01-MAY-2006	16 EMPLOYEE NO. 008	17 UNIT & BEAT OF ASSIGNMENT 0862B	18 DUTY STATUS X 01 On	19 MEMBER INJURED? 02 Off	20 MEMBER IN UNIFORM? 01 Yes	21 LAST NAME CICERO, IL	22 FIRST NAME WWH	23. M.I. 02 F	24. SEX 01 M	25 RACE 02 No	26. D.O.B. 1985	27. HT. 509	28. WT. 145
	29 ADDRESS CICERO, IL	30. TELEPHONE NO.	31 WAS SUBJECT ARMED? X 01 Yes	32 SUBJECT INJURED BY MEMBER? 02 No	33. SUBJECT ALLEGED INJURY BY MEMBER? X 01 Yes	34. IF SUBJECT INJURED, DESCRIBE INJURY 01 Fatal <input type="checkbox"/> 02 Non-Fatal - Major Injury X 03 Non-Fatal - Minor Injury	35. WHERE WAS MEDICAL TREATMENT OBTAINED? 04 Non-Apparent/None	36. BY WHOM? DR. POMA	37 CONDITION X 01 Apparently Normal	38. CHARGES PLACED 720 ILCS 5.0/24-1.1-A, 720 ILCS 5.0/12-2-B-4	39 CB NO. 19525034	IR NO	DNA	
	40. PASSIVE RESISTER SUBJECT'S ACTIONS DID NOT FOLLOW VERBAL DIRECTION STIFFENED (DEAD WEIGHT) OTHER _____	ACTIVE RESISTER FLED PULLED AWAY OTHER _____	ASSAILANT: ASSAULT IMMINENT THREAT OF BATTERY OTHER PERCEIVED AS _____	ASSAILANT: BATTERY ATTACK WITH WEAPON ATTACK WITHOUT WEAPON OTHER _____	ASSAILANT: DEADLY FORCE USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM WEAPON OTHER PERCEIVED AS _____									
	MEMBERS RESPONSE MEMBER PRESENCE VERBAL COMMANDS ESCORT HOLDS WRISTLOCK ARMBAR PRESSURE SENSITIVE AREAS CONTROL INSTRUMENT OC/CHEMICAL WEAPON W/AUTHORIZATION LRAD WITH AUTHORIZATION OTHER HELD DNTD SHIRT	OPEN HAND STRIKE TAKE DOWN / EMERGENCY HANDCUFFING OC CHEMICAL WEAPON CANINE TASER (Probe Discharge) 01 02 03 TASER (Contact Slap) 01 02 03 TASER (ARC Cycle) 01 02 03 TASER (Spark Displayed) 01 02 03 OTHER _____	ELBOW STRIKE CLOSED HAND STRIKE/PUNCH IMPACT WEAPON (Describe in Box 40) OTHER _____	KNEE STRIKE KICKS IMPACT MUNITION (Describe in Box 40) OTHER _____	FIREARM X OTHER _____									
	41. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)	RANK	STAR NO.	UNIT NO.	42. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? 01 Yes <input type="checkbox"/> 02 No									
	43. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? 01 Yes <input type="checkbox"/> 02 No	44. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY X 01 Yes 02 No	45. DID THE DISCHARGE RESULT IN A SELF-INFILCTED INJURY? X 01 No <input type="checkbox"/> 02 Yes - Subject 03 Yes - Member											
	46. WEAPON TYPE 01 REVOLVER 02 RIFLE 03 SHOTGUN 04 SEMI-AUTO PISTOL 05 CHEMICAL WEAPON 06 TASER (Probe Discharge) 07 OTHER	47. INCIDENT OCCURRED Indoors <input type="checkbox"/> Outdoors	48. LIGHTING CONDITIONS 02 Night 03 Dawn 04 Dusk 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial	49. WEATHER CONDITIONS CLEAR										
	50. MAKE/MANUFACTURER SPRINGFIELD ARMORY M1A	51. MODEL KD-45	52. BARREL LENGTH 3.1	53. CALIBER/GAUGE 45 ACP										
54. TASER DART ID NO. US595922	55. WEAPON SERIAL NO. (Include Letters) US595922	56. CHICAGO GUN REG. NO. R018786S	57. IL FIREARM OWNER ID NO. 86460329	58. HANDGUN CERTIFICATE NO.										
59. SPECIAL WEAPON CERTIFICATE NO.	60. PROPERTY INVENTORY NO.	61. TYPE OF AMMUNITION USED Department Issued	62. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 1	63. TOTAL NO. OF SHOTS MEMBER FIRED 1										
64. WHO FIRED FIRST SHOT X 01 MEMBER <input type="checkbox"/> 02 OFFENDER	65. WAS FIREARM RELOADED DURING INCIDENT 01 YES <input type="checkbox"/> 02 NO	66. NO OF CARTRIDGES/SHOT SHELLS RELOADED 0	67. HOW WAS MEMBER'S HANDGUN WORN X 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	68. HOW WAS MEMBER'S HANDGUN DRAWN X 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW	69. SPECIFY METHOD/EQUIPMENT USED TO RELOAD DNA	70. DID MEMBER USE SIGHTS 01 YES <input type="checkbox"/> 02 NO								
71. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE	72. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED X 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT													
73. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON X 01 SUBJECT <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY 07 NONE X 02 OTHER PERSON <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 06 UNKNOWN 08 ANY OTHER COMBINATION	74. POSITION OF MEMBER DISCHARGING WEAPON X 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)													

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JA398280

76 RD NO

Log 1086383

1723115384**JA398280**

CASE INFORMATION	77 NOTIFICATIONS (ALL INCIDENTS') IMMEDIATE SUPERVISOR DSS OF DISTRICT OF OCCURRENCE		
	NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input checked="" type="checkbox"/> OEMC Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		
SIGNATURES	78 ADDITIONAL INFORMATION ASSAILANT POINTED A FIREARM AT R/O AS HE WAS ATTEMPTING TO DEFEAT A LAWFUL ARREST.		
	79. REPORTING MEMBER (Print Name) CABRALES, JUAN M 20-AUG-2017 01:54:55	STAR/EMPLOYEE NO 19023	SIGNATURE [REDACTED]
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below			
80 REVIEWING SUPERVISOR (Print Name) WILLINGHAM, RUSSELL L	STAR NO. 1377	SIGNATURE [REDACTED]	DATE REVIEWED TIME 20-AUG-2017 01:56:17

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEW AND APPROVAL OF ALL TRRS FROM THE SAME INCIDENT: 1. THE EXEMPT-LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL, (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL, (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRRS FOR THE FOLLOWING INCIDENTS. (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY, (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY, (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. (3) THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

81. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE	<input type="checkbox"/> DNA	<input type="checkbox"/> REFUSED	<input checked="" type="checkbox"/> INTERVIEW NOT CONDUCTED (Specify Reason)
The subject is at [REDACTED]. Felony charges are pending and the subject has not yet been interviewed by the Cook County State's Attorneys Office for felony review.			

82. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

Based on the information available at this time it is the opinion of the undersigned that the officer's actions were in compliance with Department directives and training in that he discharged his firearm in self defense when confronted by an offender armed with a firearm attempting to defeat arrest. Investigation into the officer's use of force will be continued by IPRA.
U #17-019

83. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY	84. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION
<input checked="" type="checkbox"/> I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN CO3-02-05	<input checked="" type="checkbox"/> INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) NOTIFIED.
LOG NO <u>1086383</u> OBTAINED	
85. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)	86. _____ OF _____ TRR(S)
BAY, ROGER J	
87. DISTRIBUTION OF TRR. IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION: 1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE. 2. A COPY OF THE PAPER TRR WILL BE FORWARDED TO: A INDEPENDENT POLICE REVIEW AUTHORITY, AND B COMMANDER, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY INTO THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION	
SIGNATURE [REDACTED]	DATE COMPLETED TIME 20-AUG-2017 02:12:52

LOO 1086383

Attachment 10